


APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	COLLAPSIBLE VEHICLE DRIVESHAFT		
Application Type : regular, utility			
Attorney Docket Number : 81101459 FMC 1793 PUS			
Correspondence address:			
Customer Number:		28395	
Inventors Information:			
<u>Inventor 1:</u>			
Applicant Authority Type:		Inventor	
Citizenship:		CN	
Given Name:		Yi (Tony)	
Family Name:		Qu	
Residence:			
City of Residence:		Troy	
State of Residence:		MI	
Country of Residence:		US	
Address-1 of Mailing Address:		1750 Greenwich	
Address-2 of Mailing Address:			
City of Mailing Address:		Troy	
State of Mailing Address:		MI	
Postal Code of Mailing Address:		48098	
Country of Mailing Address:		US	
Phone:			
Fax:			
E-mail:			
<u>Inventor 2:</u>			
Applicant Authority Type:		Inventor	
Citizenship:		SE	
Given Name:		Henrik	
Family Name:		Eldh	
Residence:			

City of Residence: Ann Arbor
State of Residence: MI
Country of Residence: US
Address-1 of Mailing Address: 561 Waymarket Drive
Address-2 of Mailing Address:
City of Mailing Address: Ann Arbor
State of Mailing Address: MI
Postal Code of Mailing Address: 48103
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 3:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Ray
Family Name: Nicosia
Residence:
City of Residence: Troy
State of Residence: MI
Country of Residence: US
Address-1 of Mailing Address: 4429 Hycliffe Dr.
Address-2 of Mailing Address:
City of Mailing Address: Troy
State of Mailing Address: MI
Postal Code of Mailing Address: 48098
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 4:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Chris
Family Name: O'Connor
Residence:
City of Residence: Livonia
State of Residence: MI
Country of Residence: US
Address-1 of Mailing Address: 9841 Arden

Address-2 of Mailing Address:**City of Mailing Address:** Livonia**State of Mailing Address:** MI**Postal Code of Mailing Address:** 48150**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Inventor 5:****Applicant Authority Type:** Inventor**Citizenship:** US**Given Name:** Phillip**Family Name:** Kurrle**Residence:****City of Residence:** Macomb Township**State of Residence:** MI**Country of Residence:** US**Address-1 of Mailing Address:** 47493 Malburg Way Dr.**Address-2 of Mailing Address:****City of Mailing Address:** Macomb Township**State of Mailing Address:** MI**Postal Code of Mailing Address:** 48044**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Publication Information:****Suggested Figure for Publication - 1****Suggested Classification -****Suggested Technology Center -****Total Number of Drawing Sheets - 2**